Registration Form

Please fill out the form below and mail with your payment and SELF-ADDRESSED, STAMPED ENVELOPE to:

REGISTRATION:

San Bruno Recreation Services Department

567 El Camino Real San Bruno, CA 94066



Payer Name:	(First	(First Namo)			(Middle Initial)			(Last Name)	
Address:			2000 100 II 1020	(City)			(Zip)		
Home Phone:()		_Work Phone:()		Emergen			cy:()		
Participant's Full Name	Grade	Sex M/F	Birthdate (all participants)	Code N	umber		Activity Name	Progra Fee	
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Yes, I have added \$1.0									
Liability Release: In co activity, I hereby waive,	release, and	dischara	e any and all c	laims for			even use you	ur credit ca	
damage for death, personal injury or property damage, which I may have, or which may hereafter occur to me, as the result of partici-					□Visa □M/C				
pation in said event or a	activity. This	release is	s intended to d	ischarae	Signat	ure			
in advance the City of S volunteers from liability	y, even thoug	h that li	5, empioyee5, a ability may ari:	gents or se out of	Card N	umber			
negligence or carelessr above. It is understood	iess on the p I that some r	art of pe ecreatio	rsons or entiti nal activities i	es listed		SECTION OF S			
element of risk or danger of accidents, and knowing these risks, I					Exp. Date				
hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on					l authorize the above charges. Cardholder's Name (Printed)				
my heirs and assigns. Signature		10	Date		Caronic	1001 5 1101	1110 (11111000	,	
Parental Consent: (To	be complete	d if appli		18 years o	of age): I	aive my o	consent for	mv son/	
dauahter		0.00	to participat	e in the a	bove act	ivity and	execute t	he above	
liability release on his/h tion form, liability relea	ier benait. Ke ise form, and	parenta	re Signing: I ha al consent form	ve read ar 1. and aan	ia under se to all	stood the their terr	toregoing r	registra- ditiona	